

L05000/20987
8/30/2012 14:38 FAX 813 221 2900 HILL WARD & HENDERSON 0001/007
Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H12000215658 3)))



H120002156583ABC/

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To: Ms. M^e Knight
Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HILL WARD HENDERSON
Account Number : 072100000520
Phone : (813) 221-3900
Fax Number : (813) 221-2900

RECEIVED
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TALLAHASSEE, FLORIDA

LLC REVOCATION OF DISSOLUTION
COMMUNITY ASSOCIATION GROUP INSURANCE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	7
Estimated Charge	\$130.00

8668.75

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08/30/2012 14:40 FAX 813 221 2900

HILL, WARD & HENDERSON

006/007

05/10/2012 10:57 IFAX
850-817-6381

5/10/2012 (H120002156583))

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May 10, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

COMMUNITY ASSOCIATION GROUP INSURANCE, LLC

4010 W. BOYSCOUT BLVD.

SUITE 200

TAMPA, FL 33607US

SUBJECT: COMMUNITY ASSOCIATION GROUP INSURANCE, LLC

REF: L05000120987

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H12000127154
Letter Number: 812A00013983

P.O BOX 6327 - Tallahassee, Florida 32314

(((H12000215658 3)))

08/30/2012 14:39 FAX 813 221 2900

HILL, WARD & HENDERSON

002/007

08/30/2012 10:24 IFAX
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8/30/2012 10:24:15 AM PAGE

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August 30, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

COMMUNITY ASSOCIATION GROUP INSURANCE, LLC
4010 W. BOYSCOUT BLVD.
SUITE 200
TAMPA, FL 33607US

SUBJECT: COMMUNITY ASSOCIATION GROUP INSURANCE, LLC
REF: L05000120987

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The total amount due is \$668.75.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Registration/Qualification Section
Division of Corporations Letter Number: 612A00022146

Per your online help department,
Please give to Ms. McKnight
who has to manually take the
money from our online account.
Thanks, Laura Coe (813) 222-8712.

P.O BOX 6327 - Tallahassee, Florida 32314

(((H12000215658 3)))

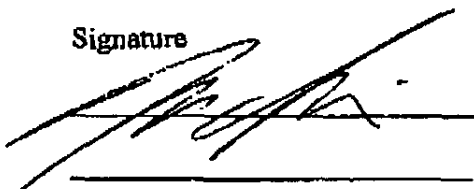
FILED
12 AUG 30 AM 10:17
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

1. The name of the company is Community Association Group Insurance, LLC
2. The document number of the company is L05000120987
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was
January 10, 2012
4. The revocation of dissolution was authorized in the same manner as the dissolution on May 8, 2012

Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature



Typed or Printed Name

Baldwin Kryetyn Sherman Partners, LLC

Filing Fee: \$100.00

CR2E097 (8/05)

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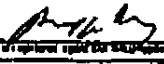
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002/009

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000120987			
1. Entity Name COMMUNITY ASSOCIATION GROUP INSURANCE, LLC		KS	
Principal Place of Business 4010 W. BOYSCOUT BLVD. SUITE 200 TAMPA, FL 33607 US		Mailing Address 4010 W. BOYSCOUT BLVD. SUITE 200 TAMPA, FL 33607 US	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FRI Number 28-1730049		Applied Fee No! Applicable	
5. Certificate of Status Desired ☐		93.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BALDWIN, L. LOWRY 4010 W. BOYSCOUT BLVD. SUITE 200 TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Rich Cauley Street Address (P.O. Box Number is Not Acceptable) 600 Cleveland Street Suite 600 City Clearwater FL Zip Code 33755	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am authorized, and accept the obligations of registered agent.			
SIGNATURE 		DATE 8/24/12	
FILE NOW! FRI IS \$535.75 Due by September 28, 2012			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRYSTYN, ELIZABETH H 4010 W BOYSCOUT BLVD TAMPA, FL 33607 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALDWIN, L. LOWRY 4010 W BOYSCOUT BLVD STE 200 TAMPA, FL 33607 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John Connelly 600 Cleveland St, Suite 600 Clearwater, FL 33755 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: 8/24/12	
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	
		E-MAIL ADDRESS: RC@ULLEY@CCFNINSURANCE.COM	

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